

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022533

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 1562

FILED MAY 27 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Dellwood	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 10314 Bon Oak Dr.	
3. NAME OF DECEASED (Type or print) First Fred (Fritz) Middle Cybulka Last Cybulka		4. DATE OF DEATH Month 5 Day 10 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/11/1888
9. AGE (last birthday) 74		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal	
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Louise		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Louise Cybulka, 10314 Bon Oak Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Prostate with metastasis to Bones & Lungs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-9-63 to 5-10-63 and last saw her alive on 5-10-63 . Death occurred at 6:57 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L.A. Nemerow MD. (Degree or title)		22b. ADDRESS 601 So. Brentwood-Clayton Mo.	
22c. DATE SIGNED 5-11-63		22d. LOCATION (City, town or county) (State) Stamton, Ill.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-13-63	
23c. NAME OF CEMETERY OR CREMATORY Stamton Memorial Park		23d. LOCATION (City, town or county) (State) Stamton, Ill.	
24. FUNERAL DIRECTOR Union Funeral Home, Bensl, Ill.		25. DATE RECD. BY LOCAL REG. 5-13-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.